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## APPLICANTS

Martin Bondo Jorgensen, Smorum, DENMARK;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A 371 OF PCT/DK99/00485 09/15/1999

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

DENMARK PA 1998 01206 09/24/1998

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature 	DENMARK	3	18	2

## ADDRESS

30593  
 HARNESS, DICKEY & PIERCE, P.L.C.  
 P.O. BOX 8910  
 RESTON , VA  
 20195

## TITLE

Hearing aid adapted for discrete operation

FILING FEE RECEIVED 990	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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